

Nurse Aide I Training

This is to certify that

*has successfully completed a North Carolina State-approved
Nurse Aide I Training Program at*

Name of Program

Program Number

on the _____ *day of* _____, 20____.

Certified by:

Signature of Approved Faculty

Print Name of Approved Faculty

Notary Public

North Carolina

_____ County

I, _____, a

Notary Public for said County and State, do hereby certify that

_____ personally appeared before me on this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, on the ____ day of _____, 20____.

Notary Public (Signature) _____ My Commission Expires _____, 20____.

NOTE: This certificate does not guarantee that the above mentioned student will be listed by the North Carolina Nurse Aide I Registry (NCNAR). The student must successfully pass both portions of the NNAAP examination to be eligible for placement on the NCNAR.